

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>REPUBLICAN NATIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00003418	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee <b>FACEBOOK</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> <b>04 / 12 / 2015</b>		
Mailing Address <b>2130 PRIEST BRIDGE DRIVE NO 11</b>			Amount <table border="1" style="width:100%">50000.00</table>		
City <b>CROFTON</b>	State <b>MD</b>	Zip Code <b>21114</b>	Transaction ID : <b>2015M04SE0001</b> Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> <b>04 / 12 / 2015</b>		
Purpose of Expenditure <b>MEDIA BUY</b>		Category/Type <table border="1" style="width:100%"> </table>			
Name of Federal Candidate <b>HILLARY CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%">50000.00</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>MICROSOFT ONLINE INC.</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> <b>04 / 12 / 2015</b>		
Mailing Address <b>PO BOX 847543</b>			Amount <table border="1" style="width:100%">2000.00</table>		
City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75284</b>	Transaction ID : <b>2015M04SE0002</b> Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> <b>04 / 12 / 2015</b>		
Purpose of Expenditure <b>MEDIA BUY</b>		Category/Type <table border="1" style="width:100%"> </table>			
Name of Federal Candidate <b>HILLARY CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%">2000.00</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<table border="1" style="width:100%">52000.00</table>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<table border="1" style="width:100%"> </table>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<table border="1" style="width:100%"> </table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ANTHONY PARKER

[Electronically Filed]

Date

 / 

 / 

  
**04 / 14 / 2015**

Signature

FEC IDENTIFICATION NUMBER ▼

C C00003418

Date of Public Distribution/Dissemination

State	Zip Code
CA	94139

Amount

10000.00

Transaction ID : 2015M04SE0003

Date of Disbursement or Obligation

Category/ Type	
Category 1	
Category 2	
Category 3	
Category 4	
Category 5	
Category 6	
Category 7	
Category 8	
Category 9	
Category 10	
Category 11	
Category 12	
Category 13	
Category 14	
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Category 16	
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Category 97	
Category 98	
Category 99	
Category 100	

Three digital displays showing the date in MM/DD/YYYY format: 04/12/2015.

☐ Support

☒ Oppose

Office Sought: ☐ House District: \_\_\_\_\_  
☒ President ☐ Senate State: \_\_\_\_\_

Calendar Year-To-Date  
Per Election for Office Sought

Disbursement For: ☐ Primary ☒ General  
2016 ☐ Other (specify) ▶

Date of Public Distribution/Dissemination

Mailing Address	2101 WEBSTER STREET 16TH FLOOR
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MM / DD / YYYY

Amount

20000.00

Transaction ID : 2015M04SE0004

Date of Disbursement or Obligation

Category/ Type	
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MM / DD / YYYY

☐ Support

☒ Oppose

Office Sought: ☐ House District: \_\_\_\_\_  
☒ President ☐ Senate State: \_\_\_\_\_

Calendar Year-To-Date  
Per Election for Office Sought

Disbursement For: ☐ Primary ☒ General  
2016 ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures.....

30000.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ANTHONY PARKER

*[Electronically Filed]*

Date \_\_\_\_\_

MM / DD / YYYY

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>REPUBLICAN NATIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00003418	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>INDEPENDENT JOURNAL REVIEW</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 12 / 2015</b>		
Mailing Address <b>3524 SILVERSIDE ROAD</b> <b>SUITE 35B</b>			Amount <b>15000.00</b>		
City <b>WILMINGTON</b>	State <b>DE</b>	Zip Code <b>19810</b>	Transaction ID : <b>2015M04SE0005</b>		
Purpose of Expenditure <b>MEDIA BUY</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 12 / 2015</b>		
Name of Federal Candidate <b>HILLARY CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>15000.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>TWITTER INC.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 12 / 2015</b>		
Mailing Address <b>PO BOX 12027</b>			Amount <b>1000.00</b>		
City <b>NEWARK</b>	State <b>NJ</b>	Zip Code <b>07101</b>	Transaction ID : <b>2015M04SE0006</b>		
Purpose of Expenditure <b>MEDIA BUY</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 12 / 2015</b>		
Name of Federal Candidate <b>HILLARY CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>1000.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>16000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ANTHONY PARKER

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 14 / 2015**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 4 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>REPUBLICAN NATIONAL COMMITTEE</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00003418       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>BRIGHTROLL INC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 12 / 2015</div> </div>	
Mailing Address PO BOX 8420		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8500.00</div>	
City PASADENA	State CA	Zip Code 91109	<b>Transaction ID : 2015M04SE0008</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 12 / 2015</div> </div>
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">8500.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►

Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8500.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">106500.00</div>

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ANTHONY PARKER

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Date

MM / DD / YYYY  
04 / 14 / 2015

Signature